

Upon receipt, please save this file in its original form and make back-up working copies for actual reporting. Please follow the instructions to prepare your Quarterly Financial Report. This Excel file consists of five components, including the instructions and separate forms to be used for providing financial details, financial reports.

### Quarterly Detailed Financial Report (Qtr Detailed Fin Rpt):

The Quarterly Detailed Financial Report provides EOPSS with the details of all federal expenditures for the reporting period. This report must be submitted only if expenditures occurred during the reporting period.

To begin, click the orange tab at the bottom of the screen labeled "Qtr Detailed Fin Rpt". This page should be completed **first** when completing your Quarterly Financial Report.

For your convenience there are example entries (shaded yellow) provided for each budget category in the Detailed Quarterly Financial Report. If you need additional assistance in

Under the title "Detailed Quarterly Financial Report" at the top of the worksheet there are three drop-down lists accessible by clicking on the cells below the column headings for the

**Personnel:** Payroll receipts showing dates and hourly rate of pay for each individual charged to the grant should not be submitted to EOPSS unless requested. These records must be

**Column A:** **Employee Name**-Type in the name of the employee and his/her title or role in the grant program.

**Rate**- If a salaried employee: Input the salary for each paycheck s/he receives that is paid for out of grant funds. So, if an employee received \$1,000 per pay period, and only 25% of his/her time was devoted to the grant, you would input \$250.

If an hourly employee: Input the hourly rate by which s/he is paid.

**Column C:** **Quantity**- If a salaried employee: Input the number of pay periods the employee worked on the grant that quarter.

If an hourly employee: Input the number of hours the employee worked on the grant that quarter.

**Column D:** **Unit**- Select from the drop down list the unit measure of time connected with the quantity (column C). For example, if an employee is paid by the hour, select Hours, if an employee is paid biweekly, select Biweekly, etc.

**Columns E/F:** **Description**- Type in a description of how the total is calculated and a very brief description about what the employee did during the quarter related to the grant program.

**Column G:** **Total**- This amount will automatically calculate based on the numbers you've entered in columns B and C. **DO NOT TYPE OVER THIS NUMBER!**

**Fringe**- Fringe costs must be based on actual known costs or an estimated amount. Fringe benefits are limited to the personnel listed in the Personnel category and only for the duration of time devoted to the project. Fringe benefits on contracts leave no limitation. If C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UU, UV, UW, UX, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ.

**Column A:** **Employee Name** - Type in the name of the employee and his/her title or role in the grant program.

**Column B:** **Base Amount** - The base amount will be the number in Column G (Total) of the Personnel section. Input this number.

**Column C:** **Approved Rate** - Input your approved fringe rate.

**Columns D/E/F:** Leave blank.

**Column G:** **Total** - This amount will automatically calculate based on the numbers you've entered in Columns B and C. **DO NOT TYPE OVER THIS NUMBER!**

**Indirect**- This percentage is your negotiated and approved rate set by your agency and federal cognate agency for costs that are not directly assignable to a particular project, but are necessary to the operation of the organization and maintenance of the project. The cost of operating and maintaining facilities, administration, and administrative services are

**Column A:** **Employee/Contracted Employee Name** - Type in the name of the employee and his/her title or role in the grant program.

**Column B:** **Base Amount** - The base amount will be the number in column G (Total) of the Personnel section. Input this number.

**Column C:** **Approved Rate** - Input your approved indirect rate.

**Columns D/E/F:** Leave blank.

**Column G:** **Total** - This amount will automatically calculate based on the numbers you've entered in columns B and C. **DO NOT TYPE OVER THIS NUMBER!**

**Consultants/Contracts**- This category accounts for consultant or contractor fees and office or programmatic equipment contracts or leases. Subgrantees are encouraged to promote for and award contracts to minority contractors. This requirement file must be sent at subgrantee site. At the beginning of the grant period, provide a copy of the subcontract to

**Column A:** **Company/Name** - Type in the name of the consultant/contractor/company.

**Column B:** **Rate** - Input the rate at which the consultant/contractor is paid, as specified in your subcontract.

**Column C:** **Quantity** - Input the quantity the consultant/contractor worked toward completing the negotiated activities/products.

**Column D:** **Unit** - Select from the drop down list the unit connected with the quantity (column C). For example, if a consultant/contractor is paid by the hour, select Hours, if a consultant/contractor is paid biweekly, select Biweekly, etc.

**Column E:** **Description** - Type in a description of what the contractor did during the quarter related to the grant program.

**Column F:** **Receipt** - Select from the drop down list whether a receipt/invoice is included or if the work was provided in-kind. A copy of the invoice for any amount over \$5,000 must be provided with the quarterly report.

Executive Office of Public Safety and Security-Report Instructions

Column G: **Total** - This amount will automatically calculate based on the numbers you've entered in Columns B and C. DO NOT TYPE OVER THIS NUMBER!

**Travel** - This category accounts for tangible, non-expendable personal property having a useful life of more than one year, cost based on classification of equipment, except as provided in the following conditions: (1) all equipment purchased with grant funds having a useful life of more than one year and a unit cost of \$1,000 or more must be inventoried.

Column A: **Traveler Name** - Type in the name of the traveler and his/her title or role in the grant program.

Column B: **Cost** - Input the base cost for that part of the travel. For example, a hotel room should have the room rate per night, mileage should have the cost per mile, etc.

Column C: **Quantity** - Input the quantity associated with the cost. For example, the number of nights stayed in the hotel room, the number of miles driven, etc.

Column D: **Guidelines** - Select from the drop down list the travel policy you are using for that part of the travel.

Column E: **Purpose/Description** - Type in the description (i.e., location, part of travel) and the purpose of the travel (e.g., conference, site visit).

Column F: **Receipt** - Select from the drop down list whether a receipt is included or if the travel was provided in-kind. Receipts must be provided with the quarterly report for all travel expenses.

Column G: **Total** - This amount will automatically calculate based on the numbers you've entered in Columns B and C. DO NOT TYPE OVER THIS NUMBER!

**Equipment** - This category accounts for tangible, non-expendable personal property having a useful life of more than one year, cost based on classification of equipment, except as provided in the following conditions: (1) all equipment purchased with grant funds having a useful life of more than one year and a unit cost of \$1,000 or more must be inventoried.

Column A: **Item/Type of Equipment** - Type in the item/type of equipment.

Column B: **Unit Cost** - Input the per unit cost of the item/type of equipment.

Column C: **Quantity** - Input the quantity associated with the cost of the item/type of equipment.

Columns D/E: **Description** - Type in a description of the item/type of equipment, including brand name and series or part number.

Column F: **Receipt** - Select from the drop down list whether a receipt is included or if the equipment was provided in-kind. Receipts/invoices must be provided with the quarterly report for any equipment with a per unit cost of \$1,000 or more.

Column G: **Total** - This amount will automatically calculate based on the numbers you've entered in Columns B and C. DO NOT TYPE OVER THIS NUMBER!

**Supplies** - This category accounts for general supplies required for office functions (e.g., pens, postage, training materials, copying paper, and other expendable items such as books, hand-held two-way radios, etc.).

Column A: **Item/Company** - Type in the item/type of supplies, or if many supplies were bought from one company, the name of the company.

Column B: **Cost** - Input the base cost for each item or the total cost for the entire order, if bought from one company.

Column C: **Cost** - Input the quantity associated with the cost.

Columns D/E: **Basis for Computation** - Type in a description of how the total is calculated. If many supplies were bought from one company, detail each type of supply (e.g., pens) and how the total for that type is calculated.

Column F: **Receipt** - Select from the drop down list whether a receipt/invoice is included or if the supplies were provided in-kind. Receipts/invoices must be provided with the quarterly report for any supplies with a per unit cost of \$1,000 or more.

Column G: **Total** - This amount will automatically calculate based on the numbers you've entered in Columns B and C. DO NOT TYPE OVER THIS NUMBER!

**Other** - This category accounts for items (e.g., rent, reproduction, telephone, janitorial or security services, investigative or confidential funds, training fees or materials, etc.) that do not fit into the previous categories provided. This section must also be used for indirect costs that are not included in a federally negotiated indirect cost plan but are used for the

Column A: **Item** - Type in the major type of cost (e.g., telephone).

Column B: **Cost** - Input the base cost (e.g., cost for one month of telephone service).

Column C: **Quantity** - Input the quantity associated with the cost (e.g., the number of months of telephone bills in the quarter).

Columns D/E/F: **Basis for Computation** - Type in a description of the service, the name of the company (e.g., Verizon), and the basis for computation (e.g., \$45 x 3 months).

Column G: **Total** - This amount will automatically calculate based on the numbers you've entered in Columns B and C. DO NOT TYPE OVER THIS NUMBER!

**Quarterly Financial Report (Qtr Fin Rpt):**

The Quarterly Financial Report provides EOPSS with an overview of the quarterly and year-to-date expenditures of federal funds. The report also serves as a reimbursement request. If no federal funds were expended during the reporting period this form must still be submitted to EOPSS. Many of the cells will automatically be filled by first completing the "Quarterly Financial Report." To begin, click the yellow tab labeled "Qtr Fin Rpt" at the bottom of the screen. Type in the Program Name and Subgrantee Name. Whoever completes the report should type in their

**Quarter-** Click on the cell to the left of the reporting period (e.g., January 1st - March 31st) that corresponds to the quarter for which you are reporting. Select from the drop down list the appropriate quarter (e.g. 2nd). If you are filling out the report manually, write in 1st, 2nd, 3rd, etc. Select or fill in only one box per report.

**Year-** Click on the cell to the right of the reporting period (e.g., January 1st - March 31st) that corresponds to the quarter for which you are reporting and select from the drop down list the appropriate year. If you are filling out the report manually, write in the year. Select or fill in only one box per report.

**Summary of Costs:**

**Columns B/C:** These columns list your approved budget. It may be helpful to input these values and then save the document so you don't have to input them again every quarter. These data will not change during the project period unless a budget revision (see Grant Adjustment Request, below) is approved.

**Columns D/E:** These columns list your current quarter's expenditures. The amounts that show up here come from the data you entered into the Detailed Financial Report. Do not change what appears in this column because your Detailed Financial Report expenditures must match those listed on the Financial Report.

**Columns F/G:** These columns list your year-to-date expenditures. If you utilize the "Year-to-Date" tab (explained below), these numbers will automatically add up in these columns. If you do not utilize it, you must input your own calculation of the total amount you have spent (including the current quarter) on the grant program.

**Certification:**

**Row 26:** Only an authorized signatory may sign here. This is a person listed on the Contractor Authorized Signatory Listing (Attachment F) submitted with your application. If someone other than this person wishes to sign here, s/he must get a letter signed by the authorized signatory specifying the documents that person may sign.

Mail the original, signed Quarterly Financial Report to this address to the attention of the person listed (your grant manager). Reimbursements will not be processed until all documents have been received (e.g., Progress Report, invoices) and approved by EOPSS.

**Year-to-Date Expenditures Tracking (Year-to-Date):**

To begin, click the green tab labeled "Year-to-Date" at the bottom of the screen. This page is not a reporting requirement, but rather a tool for you to use to keep track of your spending. To use, enter each quarter's expenditures in the appropriate categories. The Year-to-Date section on the far left (columns B and C) will automatically add what you enter. The amounts

**Grant Adjustment Request Form (Grant Adjustment):**

To begin, click the blue tab labeled "Grant Adjustment" at the bottom of the screen. Type in the Program Name and Contractor Name. Whoever completes the report should type in their name and the date they are completing the report.

**Type of Request-** Click the box(es) to indicate the type of request (budget revision, grant period extension, grant amount adjustment, program modification, project personnel). Attach to the grant adjustment request a one-page narrative, explaining why the change is necessary and any other applicable information. For example, if you would like to revise your

**Budget Revision**

This section is only required for budget revision requests, although inputting your current budget is strongly encouraged no matter the request so EOPSS can verify your current budget. A maximum request of 2 budget revisions are allowable and require prior EOPSS approval during the project period. You must notify EOPSS by submitting this form along with an

**Columns B/C:** Input your current budget for federal (column B) and match (column C) in the appropriate categories (rows).

All revisions should be entered in these columns for both federal (column D) and match (column E). Negative changes should be entered by either placing parentheses [ ( ) ] around or placing a minus sign [-] before the amount to be taken from the category. The columns will automatically add up in row 27. Both columns should total \$0.00, which will show as \$ - (unless a grant amount adjustment is being requested). If the columns do not total \$0.00, you will need to revise your amounts to equal \$0.00.

**Columns F/G:** Columns F and G will automatically calculate your new budget by category. The columns will automatically add up in row 27. Make sure that your new budget total (row 27) is the same as your current budget total (row 27 of columns B/C) (unless a grant amount adjustment is being requested).

**Certification:**

Executive Office of Public Safety and Security-Report Instructions

Row 29: Only an authorized signatory may sign here. This is a person listed on the Contractor Authorized Signatory Listing (Attachment F) submitted with your application. If someone other than this person wishes to sign here, s/he must get a letter signed by the authorized signatory specifying the documents that person may sign for the authorized signatory.

Mail the original, signed Grant Adjustment Request and one-page narrative to this address to the attention of the person listed (your grant manager). S/he will send you an

*Project Safe Neighborhoods*

**Year**  
**2010**

**Personnel:** List all employees charged to grant along with either: hours and rate, if paid hourly; or amount paid to employee for the period and a brief description, if

Employee Name	Rate/Amount	Quantity	Unit	Description	Total
John Doe, Parolee Compliance Monitor	\$ 25.00	220.25	Hours	Worked 3 hrs day at day reporting center -	\$ 5,506.25
Jane Smith, Intake Coordinator	\$ 1,000.00	3.00	Month	3 pay periods at \$1K per pay period - intake	\$ 3,000.00
Glazer, Lisa - Chemist	\$ 684.96	1.00		O/T for Forensic Drug Testing	\$ 684.96
Lawler, Michael - Chemist	\$ 2,193.07	1.00		O/T for Forensic Drug Testing	\$ 2,193.07
Medina, Nicole - Chemist	\$ 481.34	1.00		O/T for Forensic Drug Testing	\$ 481.34
Piro, Peter - Chemist	\$ 1,338.76	1.00		O/T for Forensic Drug Testing	\$ 1,338.76
Saunders, Della - Chemist	\$ 2,074.26	1.00		O/T for Forensic Drug Testing	\$ 2,074.26
Tan, Zhi - Chemist	\$ 1,512.75	1.00		O/T for Forensic Drug Testing	\$ 1,512.75
<b>Subtotal:</b>					<b>\$ 8,285.14</b>

Subtotal:	\$	8,285.14
-----------	----	----------

**Fringe:** Fringe costs must be based on actual known costs or an established formula. Fringe benefits are limited to the personnel listed in the "Personnel" category and

[illegible]

<b>Subtotal: \$</b>	<b>114.33</b>
---------------------	---------------

**Indirect:** Indirect costs must be based on the signed federally negotiated and approved rate agreement provided to EOPSS, and the base amount should easily be

Employee/Contracted Employee Name	Base Amount	Approved Rate	Total
John Doe	\$ 5,506.25	23.48%	\$ 1,292.87
Jane Smith	\$ 3,000.00	23.48%	\$ 704.40
Glazer, Lisa - Chemist	\$ 684.96	15.20%	\$ 104.11
Lawler, Michael - Chemist	\$ 2,193.07	15.20%	\$ 333.35
Medina, Nicole - Chemist	\$ 481.34	15.20%	\$ 73.16
Piro, Peter - Chemist	\$ 1,338.76	15.20%	\$ 203.49
Saunders, Della - Chemist	\$ 2,074.26	15.20%	\$ 315.29
Tan, Zhi - Chemist	\$ 1,512.75	15.20%	\$ 229.94

## Examples

## Examples

Executive Office of Public Safety and Security  
Detailed Quarterly Financial Report  
*Project Safe Neighborhoods*

---

---

Subtotal: \$ 1,259.34

**Executive Office of Public Safety and Security**  
**Detailed Quarterly Financial Report**  
*Project Safe Neighborhoods*

**Consultants/Contracts:** List the name of the consultant or entity the contract is with along with number of hours, rate of contract and a brief description of services. If

Company/Name	Rate	Quantity	Unit	Description	Receipt	Total
PJ Cleaning Company	\$ 100.00	24.00	Days	Cleaning of facilities twice a week	No	\$ 2,400.00
B Counseling	\$ 150.00	20.00	Hours	Counseling of at-risk youth	In-Kind	\$ 3,000.00
B & B Tech Support	\$ 45.00	210.00	Hours	Installation of and training for database	Yes	\$ 9,450.00
Subtotal:						\$

Subtotal:	\$	-
-----------	----	---

**Travel:** List each employee, cost of travel, description/purpose of travel, and the guidelines followed for reimbursement (local, state, or federal), and include all receipts.

[illegible]

Subtotal:	\$	-
-----------	----	---

**Equipment:** List all equipment purchased with federal funds, the per unit cost, quantity and include a receipt if per unit cost is equal to or exceeds \$1,000.

Item/Type of equipment	Unit Cost	Quantity	Description of Equipment	Receipt	Total
Laptop	\$ 1,200.00	1.00	Dell 1000 Laptop	Yes	\$ 1,200.00
Computer Keyboards	\$ 50.00	25.00	Replacement keyboards, IBM part #872021	No	\$ 1,250.00

## Examples

## Examples

## Examples

Executive Office of Public Safety and Security  
Detailed Quarterly Financial Report  
*Project Safe Neighborhoods*

				Subtotal: \$	-



**Executive Office of Public Safety and Security**  
**Detailed Quarterly Financial Report**  
*Project Safe Neighborhoods*

**Supplies:** Please list supplies and computation basis, and include a receipt if per unit cost is equal to or exceeds \$1,000.

Item/Company	Cost	Quantity	Basis for Computation	Receipt	Total
Copy Paper	\$ 50.00	4.00	4 boxes at \$50.00/box	No	\$ 200.00
ABC Office Supply	\$ 75.00	1.00	Pens, staples, paperclips, Invoice # 15678	No	\$ 75.00
Subtotal: \$					-

Examples

**Other:** Please list item and basis for computation.

Item	Cost	Quantity	Basis for Computation	Total
Telephone	\$ 45.00	3.00	Ma Bell Co. Oct-Dec	\$ 135.00
Heating Bill	\$ 800.00	0.25	Total bill for office for Qtr was \$800.00; this program is 1/4 of	\$ 200.00
Sub-total: \$				-

Examples

**TOTAL: \$ 9,658.82**

**EXECUTIVE OFFICE OF PUBLIC SAFETY  
AND SECURITY  
QUARTERLY FINANCIAL REPORT**

***Project Safe Neighborhoods Crime Lab Initiative***

**Program Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Subgrantee Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Completed By:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Federal Award:** \_\_\_\_\_

Quarter	Reporting Period	Year	Due Date
---	Official Start Date - March 31st	---	April 15th
1st	April 1st - June 30th	2010	July 15th
---	July 1st - September 30th	---	October 15th
---	October 1st - December 31st	---	January 15th

**This Quarterly Financial Report must be submitted along with the Progress and Detailed Financial  
SUMMARY OF COSTS**

	Approved Budget	Expenditures This Quarter	Year-to-Date Expenditures
Personnel		\$ 8,285.14	\$ 8,285.14
Fringe		\$ 114.33	\$ 114.33
Indirect Costs		\$ 1,259.34	\$ 1,259.34
Consultants/ Contracts		\$ -	\$ -
Travel		\$ -	\$ -
Equipment		\$ -	\$ -
Office Supplies/ Administrative		\$ -	\$ -
Other		\$ -	\$ -
<b>TOTALS</b>	<b>\$ -</b>	<b>\$ 9,658.82</b>	<b>\$ 9,658.82</b>

**CERTIFICATION (PLEASE SIGN BELOW)**

I certify that this report, schedules, statements and the expenses for which payment is requested are true, correct, and complete and were made in accordance with the appropriate Federal and State regulations and that the articles or services listed were (or will be) necessary for, and are to be used solely for the purpose specified in the award for this project.

**Authorized By (signature):** \_\_\_\_\_

**PLEASE SEND ORIGINAL, SIGNED FORM TO:**

EOPSS-Office of Grants and Research  
Ten Park Plaza, Suite 3720  
Boston, MA 02116-3933  
Attention: Kevin Stanton

YEAR TO DATE/TRACKING

	YEAR TO DATE	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Personnel	\$ 8,285.14	\$ 8,285.14			
Fringe	\$ 114.33	\$ 114.33			
Indirect Costs	\$ 1,259.34	\$ 1,259.34			
Consultants/ Contracts	\$ -				
Travel	\$ -				
Equipment	\$ -				
Office Supplies/ Administrative	\$ -				
Other	\$ -				
<b>TOTALS</b>	\$ 9,658.82	\$ 9,658.82	\$ -	\$ -	\$ -

YEAR TO DATE/TRACKING

5th Quarter	6th Quarter	7th Quarter	8th Quarter
\$ -	\$ -	\$ -	\$ -

**EXECUTIVE OFFICE OF PUBLIC SAFETY  
AND SECURITY  
GRANT ADJUSTMENT REQUEST**

*Project Safe Neighborhoods and Gun Prevention Initiative*

**Program Name:** \_\_\_\_\_  
**Subgrantee Name:** \_\_\_\_\_  
**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type of request (check all that apply):**

- ☐ Grant Period Extension                      ☐ Program Modification  
☐ Budget Revision                                ☐ Project Personnel Modification  
☐ Grant Amount Adjustment

**Attach one-page narrative justifying the change, explaining why the change is necessary, and other applicable information.**

**GRANT PERIOD EXTENSIONS**

**Current grant period:** \_\_\_\_\_ **Requested (new) end date:** \_\_\_\_\_

**BUDGET REVISIONS**

	Current Budget	Revisions (+ or -)	New Budget
Personnel	\$ -		
Fringe	\$ -		
Indirect Costs	\$ -		
Consultants/ Contract Services	\$ -		
Travel	\$ -		
Equipment	\$ -		
Office Supplies/ Administrative	\$ -		
Other	\$ -		
<b>TOTALS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Questions? Please contact Kevin Stanton at (617) 725-3363 or kevin.stanton@state.ma.us

**Authorized By (signature):** \_\_\_\_\_

**PLEASE SEND ORIGINAL, SIGNED FORM TO:**

EOPSS-Office of Grants and Research  
Ten Park Plaza, Suite 3720  
Boston, MA 02116-3933  
Attention: Kevin Stanton

The section below is for EOPS use only. Do not attempt to modify or delete

--	--	--	Hours	Yes	Federal	--
1st	2006	January 1st - March 31st	Days	No	State	January
2nd	2007	April 1st - June 30th	Week	In-Kind	Local	February
3rd	2008	July 1st - September 30th	Biweekly			March
4th	2009	October 1st - December 31st	Month			April
5th	2010		Quarter			May
6th	2011					June
7th	2012					July
8th						August
9th						September
10th						October
11th						November
12th						December